

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |                          |  |   |   |
|--|---|--------------------------|--|---|---|
| <b>NAME OF FILER</b><br>ANDY PUGNO FOR ASSEMBLY 2010 |   |                          | <b>Date of This Filing</b> 05/05/2010  | Date Stamp<br><br><br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>( ) -               | <b>I.D. NUMBER</b> (if applicable)<br>1318509 |                          | <b>Report No.</b> 1  |   |   |
| <b>STREET ADDRESS</b>                                |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>FOLSOM                                | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95630 | <b>No. of Pages</b> 2  |   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 05/04/2010    | Personal Insurance Federation of Calif. PAC<br>Sacramento, CA 95814<br><br>ID# 910256            | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$3,900.00      |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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|   |  |                   |  |                                   |  |
|---|--|-------------------|--|-----------------------------------|--|
| NAME OF FILER<br>ANDY PUGNO FOR ASSEMBLY 2010 |  |                   | Date of This Filing 05/05/2010<br><br>Report No. 1<br><br><input type="checkbox"/> Amendment to Report No. (explain below)<br><br>No. of Pages 2 | Date Stamp<br><br><br>Page 2 of 2 | CALIFORNIA FORM 497<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>( ) -               | I.D. NUMBER (if applicable)<br>1318509 |                   |  |                                   |  |
| STREET ADDRESS                                |  |                   |  |                                   |  |
| CITY<br>FOLSOM                                | STATE<br>CA                            | ZIP CODE<br>95630 |  |                                   |  |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |

Reason for Amendment: